

HCP
Health Consultants Plus Inc.
Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address	Apartment/Unit #		
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you legally authorized to work in the U.S.? If offered employment, documentation to verify eligibility will be required.			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been employed by Health Consultants Plus, Inc.?			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please indicate location and dates:
Current Employee Referred By			

AVAILABILITY/SHIFT PREFERENCE

Employment Desired:	FT <input type="checkbox"/>	PT <input type="checkbox"/>	PRN <input type="checkbox"/>
Hours Available Per Week:	Hours Available Per Weekend:		
Please indicate shifts that you can work:	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Nights <input type="checkbox"/> Weekends <input type="checkbox"/>
Days/Hours Available to Work:	No Preference <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/>
	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>
Have you ever been convicted of a crime to include misdemeanors or felonies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
If you are applying for a position which requires driving, do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License #: _____

EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Diploma
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree

Please list technical skills, clerical skills, trade skills, etc., relevant to the position for which you are applying. Include relevant computer systems and software packages that you have working knowledge, and note your level of proficiency (basic, intermediate, or expert).

REFERENCES

Please list three professional references.

Full Name Relationship

Address Phone

Email Address:

Full Name Relationship

Address Phone

Email Address:

Full Name Relationship

Address Phone

Email Address:

PREVIOUS EMPLOYMENT

Please list your previous employment, beginning with your current or most recent position. Each section must be completed fully. Incomplete applications will not be considered.

Company Phone

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your supervisor? YES NO

Company Phone

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor? YES NO

Company Phone

Address Supervisor

Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor? YES NO

ADDITIONAL INFORMATION

Use the space below if you wish to provide any supplementary information which may be helpful in accurately determining your qualifications for the position for which you are applying.

DISCLAIMER AND SIGNATURE

Health Consultants Plus, Inc. is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex, national origin, religion, sexual preference, age, disability, or other protected group status.

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure. I also understand that all employment is contingent on reference checks, a criminal background check and drug screening.

Signature

Date